

PLAINTIFF/PETITIONER/MOVANT'S NAME David O'Shell, pro per

FILED

PRISON NUMBER CO-000761-7

2008 MAR -7 PM 4:37

PLACE OF CONFINEMENT Coalinga State Hospital

CLERK US DISTRICT COURT
SOUTHERN DISTRICT OF CALIFORNIABY Rm DEPUTYADDRESS P.O. Box 5003
Coalinga, California 93210United States District Court
Southern District Of California**'08 CV 0436 J NLS**

Civil No. _____

(TO BE FILLED IN BY U.S. DISTRICT COURT CLERK)

David O'Shell
Plaintiff/Petitioner/Movant
v.
People of the
State of California
Defendant/Respondent

**MOTION AND DECLARATION UNDER
PENALTY OF PERJURY IN SUPPORT
OF MOTION TO PROCEED IN FORMA
PAUPERIS**

I, declare that I am the Plaintiff/Petitioner/Movant in this case. In support of my request to proceed without prepayment of fees or security under 28 U.S.C. § 1915, I further declare I am unable to pay the fees of this proceeding or give security because of my poverty, and that I believe I am entitled to redress.

In further support of this application, I answer the following question under penalty of perjury:

1. Are you currently incarcerated? Yes No (If "No" go to question 2)

If "Yes," state the place of your incarceration Coalinga State Hospital

Are you employed at the institution? Yes No

Do you receive any payment from the institution? Yes No

[Have the institution fill out the Certificate portion of this affidavit and attach a certified copy of the trust account statement from the institution of your incarceration showing at least the last six months transactions.]

2. Are you currently employed? Yes No

a. If the answer is "Yes," state the amount of your take-home salary or wages and pay period and give the name and address of your employer.

b. If the answer is "No" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer.

Date of last employment was the year 1995 to the company

"Complete Logistics Company" in Dallas, Texas. Address unknown.

Amount of take-home salary unknown.

3. In the past twelve months have you received any money from any of the following sources?:

- a. Business, profession or other self-employment Yes No
- b. Rent payments, royalties interest or dividends Yes No
- c. Pensions, annuities or life insurance Yes No
- d. Disability or workers compensation Yes No
- e. Social Security, disability or other welfare Yes No
- e. Gifts or inheritances Yes No
- f. Spousal or child support Yes No
- g. Any other sources Yes No

If the answer to any of the above is "Yes" describe each source and state the amount received and what you expect you will continue to receive each month.

My brother has sent to me, as a gift in the last 16 months the amount of \$250.00. I do not expect any further gifts.

4. Do you have any checking account(s)? Yes No

- a. Name(s) and address(es) of bank(s): _____
- b. Present balance in account(s): _____

5. Do you have any savings/IRA/money market/CDS' separate from checking accounts? Yes No

- a. Name(s) and address(es) of bank(s): _____
- b. Present balance in account(s): _____

6. Do you own an automobile or other motor vehicle? Yes No

a. Make: _____ Year: _____ Model: _____

b. Is it financed? Yes No

c. If so, what is the amount owed?

7. Do you own any real estate, stocks, bonds, securities, other financial instruments, or other valuable property?

Yes No

If "Yes" describe the property and state its value. _____

8. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support. NONE

9. List any other debts (current obligations, indicating amounts owed and to whom they are payable):

NONE

10. List any other assets or items of value (specify real estate, gifts, trusts inheritances, government bonds, stocks, savings certificates, notes, jewelry, artwork, or any other assets [include any items of value held in someone else's name]): NONE

11. If you answered all of the items in #3 "No," and have not indicated any other assets or sources of income anywhere on this form, you must explain the sources of funds for your day-to-day expenses.

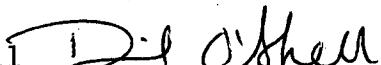
I have been incarcerated in state prison since 1995. I am currently incarcerated at the Coalinga State Hospital in Coalinga, California. My day to day living expenses are covered by the State of California.

I declare under penalty of perjury that the above information is true and correct and understand that a false statement herein may result in the dismissal of my claims.

March 4, 2008

DATE

David O'Shell



SIGNATURE OF APPLICANT

TRUST ACCOUNT WITHDRAWAL AUTHORIZATION
(Incarcerated applicants only)

(This form **MUST** be completed by the prisoner requesting to proceed in forma pauperis. An incomplete "Trust Account Withdrawal Authorization Form," or "Prison Certificate" will result in automatic denial of the prisoner's request to proceed in forma pauperis.)

I, DAVID O'SHELL / CO-000761-7, request and authorize the agency holding me in custody to prepare for the Clerk of the United States District Court for the Southern District of California, a certified copy of the statement for the past six months of my trust fund account (or institutional equivalent) activity at the institution where I am incarcerated.

I further request and authorize the agency holding me in custody to calculate and disburse funds from my trust fund account (or institutional equivalent) pursuant to any future orders issued by the Court relating to this civil action pursuant to the Prison Litigation Reform Act of 1995, Pub. L. No. 104-134, Title VIII, §§ 801-10, 110 Stat. 1321 (1996).

This authorization is furnished in connection with a civil action filed in the Southern District of California, and I understand that, pursuant to 28 U.S.C. §§ 1914 and 1915(b)(1), the total amount of filing fees for which I am obligated is either \$350 (civil complaint) or \$5 (habeas corpus petition) (check one). I also understand that this fee will be debited from my account regardless of the outcome of this action. This authorization shall apply to any other agency into whose custody I may be transferred.

2/15/08

DATE

David O'Shell

SIGNATURE OF PRISONER

I have enclosed a \$5.00 money order to cover this cost. Any other court fees or costs will proceed in forma pauperis.

If you are a **prisoner** you **must** have an officer from your institution provide this official certificate as to the amount of money in your prison account. **There are no exceptions to this requirement.**

PRISON CERTIFICATE
(Incarcerated applicants only)
(To be completed by the institution of incarceration)

I certify that the applicant David O'Shell
 (NAME OF INMATE)

CO-000761-7
 (INMATE'S CDC NUMBER)

has the sum of \$ 0.00 on account to his/her credit at Coalinga State
Hospital, Coalinga, California.
 (NAME OF INSTITUTION)

I further certify that the applicant has the following securities N/A
 to his/her credit according to the records of the aforementioned institution. I further certify that during
one
 the past ~~six~~ months the applicant's *average monthly balance* was \$ 35.51
 and the *average monthly deposits* to the applicant's account was \$ 100.00.

ALL PRISONERS MUST ATTACH A CERTIFIED COPY OF THEIR TRUST ACCOUNT STATEMENT SHOWING TRANSACTIONS FOR THE SIX-MONTH PERIOD IMMEDIATELY PRECEDING THE FILING OF THE COMPLAINT PER 28 U.S.C. § 1915(a)(2).

1/29/2008

DATE



SIGNATURE OF AUTHORIZED OFFICER OF INSTITUTION

Linda Arviso-Hunt
 OFFICER'S FULL NAME (PRINTED)

Accounting Administrator
 OFFICER'S TITLE/RANK

**CONFIDENTIAL PATIENT INFORMATION - CALIFORNIA WELFARE AND INSTITUTIONS CODE
SECTIONS 5328 & 4514. INFORMATION SUBJECT TO RELEASE IN ACCORDANCE WITH THE
FEDERAL PRIVACY ACT OF 1974 (PUBLIC LAW 93-579).**

1/29/2008
4:46:40PM

**COALINGA STATE HOSPITAL
TRUST ACCOUNT / CASHIERS' SYSTEM II
Patient Ledger Report**

Page 1 of 1

0007617 OShell, David
Unit: 305

	TransDate	Doc No.	Description/Comment	Withdrawl	Deposit	Balance
1	12/31/2007	16-19154	San Diego County San Diego County		\$0.12	\$0.12
2	01/03/2008	16-19158	J. Doug O'Shell J. Doug O'Shell		\$100.00	\$100.12
3	01/04/2008	13-010408	Misc Disbursement Cash Card Disb.	\$40.00		\$60.12
4	01/15/2008	13-012856	Misc Disbursement Fred Stoker and Sons, Inc.	\$42.95		\$17.17
5	01/18/2008	13-011808	Misc Disbursement Cash Card Disb		\$17.17	\$0.00

David OShell, was admitted to Coalinga State Hospital on
12/26/07.

DATE 1/29/08

THIS IS A CERTIFIED COPY OF
THE ABOVE NAMED PATIENT'S
HOSPITAL ACCOUNT.


TRUST OFFICER

TOTAL WITHDRAWLS / DEPOSITS: \$100.12 \$100.12